State of New Mexico

Energy, Minerals & Natural Resources Department

Form C-101

PO Box 1980, Hobbs, NM 88241-1980

OIL CONSERVATION DIVISION

Revised February 10, 1994

Instructions on back

PO Drawer DD, Artesia, District III 1000 Rio Brazos Rd., Az District IV PO Box 2008, Santa Fe, APPLICATIO	tec, NM 87410 NM 87504-2088		DRILL, RE	E-ENTER, and Address Oil, HECT	NM 97504-2088 I, DEEPEN, PLUGBACK OR ADD			Submit to Appropriate District Office State Lease - 6 Copies Fee Lease - 5 Copies AMENDED REPORT O A ZONE 2. OGRID Number 143119 3. API Number 30-025-34179		
4. Property Code 16770		5. Property Name Phillips State							6. Well No.	
				7. Surfa	ace Location					
UL or lot no.	Section 16	Township 17 S	Range 33 E	Lot idn.	Feet From the 2630	North/South Line South	Feet From the 2307	East/West Line West	county Lea	
Proposed Bottom Hole Location If Different From Surface										
UL or lot no.	Section	Township	Range	Lot Idn.	Feet From the	North/South Line	Feet From the	East/West Line	County	
9. Proposed Pool 1 Maljamar Grayburg San Andres				es	10.			roposed Pool 2		
11. Work Type Code N 16. Multiple		12. Well Type Code O 17. Proposed Depth		13. Cable/Rotary R 18. Formation		14. Lesse Type Code S 19. Contractor		15. Ground Level Elevation 4185' 20. Spud Date		
No 4850'				San Andres		Norton I	Norton Drilling		November 15, 1997	
		<u></u>			ng and Cement	1		T		
Hole Size	Casing Size 8 5/8"	Casing weight/floot		Setting Depth 500'		Sacios of Cernent 300		Estimated TOC Circulate		
12 1/4" 7 7/8"	5 1/2"	17#		4850'		970		Circ 100' above 8 5/8"		
7 770	3 1/2		<i>.</i> #	40	30	370		casing		
22. Describe the propos preventrion program, if a	ny. Use additional sheets	ed to drill t	he above o	•	O will to a to	e and proposed new productions at a Liniass otal depth of the perforated	. Dalliog. 4850' with	rom Approx Undoway rotary tools.	1.1.1	
	Blow Out Pr	revention:	10" Serie	s 900 Typ	e "E" Sha	ffer Hydrauli	c BOP			
23. I hereby certify that the information given above is true and complete to the beet of my knowledge and beet. Signature:				Approved by:		SINAL SIGN	N DIVISION MED BY OT I SUPLETING	NALLINI SOC		
Printed Name:		Melanie J.	Parker	-	Approval Date: ACT 3 0 10			97		
Tale: Agent					Conditions of Appro		. ,, 5 %			
Date: Phone: 505-885-543			33	Attached:						

